FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

23

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 254679

1. Corporation Name LUSTRE CRAFT OF FLORIDA	-, -
Principal Place of Business	Mailing Address
7225 S. W. 126 STREET MIAMI FL 33156	· 7225 S. W. 126 STREET MIAMI FL 33156
2. Principal Place of Business	2a. Mailing Address

Zip Country Zip Country

25 29 30

9. Name and Address of Current Registered Agent

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90079 026 ***150.00



Applied For

Fee Required

\$5.00 May Be

- Added to Fees.

☐ Yes

Not Applicable

\$8.75 Additional

□No

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1962 4. FEI Number

59-0967039

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution ~

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

GREENFIELD, WILLIAM A 7225 S. W. 126 STREET		["]	Name							
		82	82 Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33156			83				_			
			84	City			85	Zip C	nde -	
	•			City		FL	03	Zip O		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or orinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	Signature, typed or printed name of registered agent and title if approxime OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD OFFICERS AND DIRECTORS	DELETE	1.1 TITLE		7,551,101,07,51,11,10=0,70,07,15		□ Ch		Addition	
	GREENFIELD.W.A.	DECETE	1.2 NAME				_			
NAME										
STREET ADDRESS	7225 S. W. 126 STREET		1.3 STREET	ADDRESS	•				ļ	
CITY-ST-ZIP	MIAMI, FL 33156		1.4 CITY-ST	-ZIP					- A 4490	
TITLE	STD	☐ DELETE	2.1 TITLE				Ch	ange	Addition	
NAME	GREENFIELD, ROSE		2.2 NAME							
STREET ADDRESS	7225 SW 126TH ST		2.3 STREET	ADDRESS		•				
CITY-ST-ZIP	MIAMI, FL 00000		2. 4 CITY-S	T-ŽIP		١				
TITLE	-VD	☐ DELETE	3.1 TITLE		UD - 1 96 L	j)	Zen	ange	Addition	
NAME	GREENFIELD, CYNTHIA		3.2 NAME		Cipillian Tillian	01	~			
STREET ADDRESS	1961 IVANHOE ST		3.3 STREET	ADDRESS	1794 Avangue -					
CITY-ST-ZIP	DENVER CO 80220		3.4. CITY-S	T-ZIP	Capilles Theenford - 1794 Ivanford - Denver Co. F	0	2-0	,		
TITLE		DELETE	4.1 TITLE				☐ Ch	ange	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
	•		4.4 CITY-ST							
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	-217			☐ Ch	ange	Addition	
1			5.2 NAME							
NAME			5.3 STREET	AUUDESS						
STREET ADDRESS									1	
CITY-ST-ZIP		Delete 3	5.4 CITY-ST 6.1 TITLE	-2P	The second secon		□ Ch		Addition	
TILE .	THE STATE OF THE S	Defeté		100				ange	Addition	
NAME -			6.2 NAME	_aî. _} {					i	
STREËT ADDRESS	THE STATE OF THE S	56 + 865, 20 1 10 12 7 7 3	6.3 STREET	ADDRESS	The Committee of the state of t					
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST							
14. I hereby c	ertify that the information supplied with this filing does	s not qualify for the	e exempti	on stated	d in Section 119.07(3)(i), Florida Statutes. I furth	er certi	fy that	t the in	formation	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER OR

april 698

245 2353 /35.

-----CR2F034-(11/98)